

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016203

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 264 Primary Registration District No. 5888 Registrar's No. 15
FILED APR 20 1962VS 300
Rev. 4/59

1 0770

2 0770

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11

12 90-0

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Ozark</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Big Creek</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 Mi. S. of Theodosia on N.H. hwy.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Ozark</u> c. CITY OR TOWN <u>Theodosia</u> d. STREET ADDRESS (If outside, give location) <u>8 Mi. S. of Theodosia on N.H. hwy.</u>	
3. NAME OF DECEASED (Type or print) First <u>Leo</u> Middle <u>Roy</u> Last <u>Herd</u>		4. DATE OF DEATH Month <u>April</u> Day <u>14</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-13-1917</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and state or country) <u>Isabella, Missouri</u>
13a. FATHER'S NAME <u>Creath E. Herd</u>		13b. MOTHER'S MAIDEN NAME <u>Eva M. Honeycutt</u>	14. NAME OF HUSBAND OR WIFE <u>Versie Herd</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>Yes, 4-4-41 to 12-4-41</u>		17. INFORMANT <u>Versie Herd</u> Address <u>Theodosia, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory Arrest</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Massive Cerebrovascular Accident</u> DUE TO (b) <u>Severe Hypertension</u> DUE TO (c) <u>4-5 yrs</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>9</u> a.m. <u>12</u> p.m. Month, Day, Year <u>9-12-59</u> to <u>4-14-62</u> and last seen alive on <u>4-14-62</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>10⁰⁰</u> to <u>4-14-62</u> and last saw her/him on <u>4-14-62</u> Death occurred at <u>10⁰⁰</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Arthur L. Bean</u> (Degree or title)		22b. ADDRESS <u>Gainesville, Mo.</u>	
22c. DATE SIGNED <u>4-14-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	
23b. DATE <u>4-16-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Isabella</u>	
23d. LOCATION (City, town, or county) <u>Isabella, Missouri</u>		23e. STATE	
24. FUNERAL DIRECTOR <u>Adams + Monger, Ozark, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>4/19/62</u>	
26. REGISTRAR'S SIGNATURE <u>Lou Anna Wade</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 4 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Joe M. Abbott

Licensed Embalmer No.

5115

P. O. Address

Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license)

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit obtained

O.E.S.